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MENDED	1	Registrat	on District No		Prin	mary Registrati	on Distri	ct No. 402	Registrar's	No. 08		STATE	FILE NU	MBER
MENDED		_FI	E OF DEATH	R 7.1	962									
1 1			E OF DEATH	111 - 1	302				2. USUAL RESI	•		ved. If inst	itution:	
					irain				a. STATE	o. °	COUNTY	Audrai	in	admission
		ь. с	TY (If outside co	orporate limit	s, give TOWN	SHIP only)	Leng	th of stay in 1b	c. CITY					Inside Lin
				donia					TOWN	T.addo	ารล			Yes 🔲 No
		c. FU	LL NAME OF (IF		oital, give loca	tion)		Inside Limits	d. STREET			give locatio	on)	Reside on I
		144	STITUTION H	-	_			Yes 200 No □	ADDRESS		•	-	•	Yes N
			n.	Nue l'a	taaonia	<u> </u>	_		<u>u </u>					1
	1		E OF DECEASED)	First		Middle		Last	4. DATE OF	М	onth	Day	Yea
		(туре	or print)	T. e s1	4.4	Jo	hn	Fre	V 429	DEATH	9	24-62		
		5. SEX			R OR RACE	7. Married	WV	RIE □		ты 9. AGE (ast birthday	IF UNDER	1 YEAR	IF UNDER
			_	1 .		Widowed		Divorced	1	••••	···,	Months	Days	Hours
	F	Ma		Whi		100 1000 0	F BUGAN	-	4-2-18			1 2 2 2	55. (45.	
			L OCCUPATION			106. KIND C	PL BOZIN	ESS OR INDUSTR	L	E (City and stat) 12. Citi.	ZEN OF	WHAT COUN
	1	20111	g more of work	ing		F	arme	er	Audra	in Co.	ሃረታ	y s .		
		13a. FATH	ER'S NAME			13b.	MOTHER	Y'S MAIDEN NAM	AE .	14	. NAME OF	HUSBAND (OR WIFE	
		J	acob Fr	ever			HT OT	neyer		7 61	dina	France	PM 12 22	
	1		DECEASED EVE		MED FORCES?			SECURITY NO	17. INFORMANT		77 T T T T	Address	1.17 E	
		(Yes, no,	or unknown) (ii	f yes, give w	ar or dates of	service)				73	т	+ _ A A A		3./_
	l. I		IN CO									Lada	mie	II D
	ı⊢ ∎								Leslie	preder	J.F.		1	
1 1	z	18. 0	AUSE OF DEATH	H (Enter only		line for	,	•	Lest 16	preyer	U.F.		INI	ERVAL BETV
	DOCUMEN	18. 0	AUSE OF DEATH PART 1. Condition	(Enter only DEATH WA IMMEDI	one cause per	line for	تار حلمہ	ine Ci	Less re Lend str 1 House	Fo Fo	ulus teat	-Wine	INI	TERVAL BETV
	DOCUMEN	18. 0	Condition	IMMEDI Ons, if any, gave rise to cause (a), the under-	one cause per IS CAUSED BY ATE CAUSE (a DUE TO (i	Conso	ملم مراجع	me Ci	Less te	Fo	Lask	-W:	INI	IERVAL BETV
	DOCUMEN		Condition Condition Condition Condition Condition Above stating lying	Ons, if any, gave rise to cause (a), the under-cause last.) I. OTHER SI	DUE TO (GNIFICANT C	c)	ONTRIB	UTING TO DEAT	Les 1e	Fo	ruli trask	111. If dec	INT	SET AND DI
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	DOCUMEN	CAL CERTIFICATION 16. A 70c. 1	Condition which cabove stating lying lying lying lying lying PART I	I (Enter only DEATH WA IMMEDI ons, if any, gave rise to cause (a), the undercause last. I. OTHER SI disease co	DUE TO (I GNIFICANT C ndition given ENT SUICID	c) Constitutions of in PART I (e)			H but not related	to the termina	Mant Hant	III. If dec	ceased a pregnar	VASET AND DI
	DOCUMEN	MEDICAL CERTIFICATION A. 61	Condition which cabove stating lying	I (Enter only DEATH WA IMMEDI ons, if any, gave rise to cause (a), the undercause last. I. OTHER SI disease co	DUE TO (I GNIFICANT C AUGUST DUE TO (I DUE TO (I GNIFICANT C I ONLY ON	c) Ontitions of in PART I (a)	E 20	Ob. DESCRIBE HO	H but not related	to the termina	Mant Hant	III. If det there a	ceased pregnar	was female cy in last 90 to Ur
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	DOCUMEN	MEDICAL CERTIFICATION AEDICAL CERTIFICATION AEDICAL CERTIFICATION AEDICAL CERTIFICATION	Condition which control of the contr	IMMEDIONS, if any, pave rise to cause (a), the undercause last. I. OTHER SI disease co	DUE TO (I GNIFICANT C GNIFICANT C GNIFICANT C GNIFICANT C GNIFICANT C BNT SUICID Day, Year Day, Year 20e. PLACE farm, I	c) ONDITIONS C in PART I (a) OF INJURY (c) factory, street,	E 20	ob. DESCRIBE HO	TH but not related ow INJURY OCCUR	to the terminate RED. (Enter natu	PART PART	III. If det there a	ceased pregnar	was female cy in last 90 of item 18.)
	DOCUMEN	WEDICAL CERTIFICATION MEDICAL CERTIFICATION ACTION	Condition which cabove stating lying	IMMEDI Ons, if any, gave rise to cause (a), the under- cause last. I OTHER SI disease co	DUE TO (I GNIFICANT C ACTION OF THE CAUSE PARTIES DUE TO (I GNIFICANT C I Day, Year Day, Year 20e. PLACE farm, I	c)	E 20	or about home, idg., etc.)	TH but not related by INJURY OCCUR	OR LOCATION	PARI e of injury	III. If dec there a PART I or COUNTY	ceased a pregnar	was female cy in last 9 ur of item 18.)
	DOCUMEN	WEDICAL CERTIFICATION MEDICAL CERTIFICATION ACTION	Condition which control of the contr	IMMEDI Ons, if any, gave rise to cause (a), the under- cause last. I OTHER SI disease co	DUE TO (I GNIFICANT C GNIFICANT C GNIFICANT C GNIFICANT C GNIFICANT C GNIFICANT C Addition given Day, Year Day, Year Z0e. PLACE farm, I	c) ONDITIONS C in PART I (a) OF INJURY (c) factory, street,	E 20	or about home, idg., etc.)	TH but not related ow INJURY OCCUR	OR LOCATION	PARI e of injury	III. If dec there a PART I or COUNTY	ceased a pregnar	was female cy in last 9 ur of item 18.)
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	OF	WEDICATION 19. V 20c. T 20d. T	Condition which cabove stating lying	IMMEDIONS, if any, pave rise to cause (a), the under-ceuse last. OTHER SI disease co	DUE TO (I	c) ONDITIONS C in PART I (a) E HOMICID For injury (c) Factory, street,	E 20	or about home, idg., etc.)	TH but not related by INJURY OCCUR. 20f. CITY, TOWN, are date stated above 22b. ADDRESS.	OR LOCATION and last saw he, and to the be	PART of injury at of my kn	III. If dec there a PART I or COUNTY	ceased a pregnar	was female cy in last 90 of item 18.)
	VIT OF	WEDICAL CERTIFICATION 10. A 1	Condition which cabove stating lying	IMMEDIONS, if any, gave rise to cause (a), the under-cause (a), the under-cause less. I. OTHER SI disease co	DUE TO (I	c) Constitutions of in PART I (a) OF INJURY (effectory, street, pree or title)	e.g., in o office b	or about home, idg., etc.)	TH but not related by INJURY OCCUR 20f. CITY, TOWN, 19 date stated above 22b. ADDRESS	OR LOCATION Cand last saw h	PARI e of injury at of my kn	III. If der there a property of the country owledge, fro	ceased pregnar	was female cy in last 9 to fitem 18.) STA
	VIT OF	WEDICALICATION WEDICAL CERTIFICATION TO SEE THE SERVICE STATE OF THE S	Condition which cabove stating lying lying lying lying lying PART I	IMMEDIONS, if any, gave rise to cause (a), the undercuse last. I. OTHER SI disease co	DUE TO (I	c) Consider the control of the contr	E 26	ob. DESCRIBE HO or about home, idg., etc.) n on the	TH but not related by INJURY OCCUR 20f. CITY, TOWN, 19 date stated above 22b. ADDRESS	OR LOCATION and last saw he, and to the be	e of injury malive on_ st of my kn	III. If dee there a grant or country owledge, from the country owledge, from the country own, or country own,	ceased pregnar	was female cy in last 9 Ur of item 18.) STA
	VIT OF	WEDICAL CERTIFICATION 10. 12. 1 20c. 1 20d. 1 22a. 8 REMC Bux	Condition which can be as the occurred attended the death	IMMEDIONS, if any, gave rise to cause (a), the undercuse last. I. OTHER SI disease co	DUE TO (I	c) Consider the control of the contr	e.g., in o office b	ob. DESCRIBE HO or about home, idg., etc.) to the mon the company or care Come	TH but not related ow INJURY OCCUR 20f. CITY, TOWN, 12 date stated above 22b. ADDRESS EMATORY THE CONTROL OF THE CONTROL	OR LOCATION Cand last saw he, and to the be	PARI e of injury malive on_ st of my kn ON (City, to	COUNTY COUNTY owledge, fro wn, or count Mo.	ceased pregnar	was female cy in last 9 to fitem 18.) STA
	OF	23a. BURI REMO BUX 24. FUNE	Condition which cabove stating lying lying lying lying lying PART I	IMMEDIONS, if any, pave rise to cause (a), the undercuse last. OTHER SI disease co 20e. ACCID r Month, WORK ecessed from.	DUE TO (I	c)	e.g., in o office b	ob. DESCRIBE HO or about home, idg., etc.) to the mon the company or care Come	TH but not related ow INJURY OCCUR 20f. CITY, TOWN, 12 date stated above 22b. ADDRESS	OR LOCATION Cand last saw he, and to the be	PARI e of injury malive on_ st of my kn ON (City, to	COUNTY COUNTY OWIEdge, fro	ceased a pregnar PART II	was female cy in last 9 to fitem 18.) STA

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STATEMENT BY LICENSED EMBALMER

or by	· · · · · · · · · · · · · · · · · · ·	, Student Embalmer No
••		$d_{\mathbf{q}}^{\mathbf{q}}$
working und	ler my personal supervision.	
Student		Signed Cleffel, Leukey.
	Signature of Student Embalmer	
· •	The second second	Licensed Embalmer No. 3820
	·	P. O. Address Perry me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

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